

**DECLARATION AND POWER OF ATTORNEY - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IDENTIFICATION OF THE DOMAIN OF PLASMODIUM FALCIPARUM ERYTHROCYTE MEMBRANE PROTEIN 1 (PFEMP1) THAT MEDIATES ADHESION TO CHONDROITIN SULFATE A; the specification of which was filed on **February 21, 2002** as Application Serial No. **10/087,013**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application(s) listed below.

Application No.: 60/152,023

Filing Date: September 1, 1999

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S.A. Application(s)

Serial No.: **PCT/US00/24195**

Filing Date: **9/1/2000**

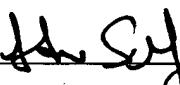
Status: **Pending**

POWER OF ATTORNEY: I hereby appoint the registrants of National Institutes of Health Offices of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852, telephone (301) 496-7056, **Customer No. 005318**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these

statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: **Artur Scherf**

Inventor's signature 

Date 21st June 2002

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Citizenship: **German**

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Full name of Second inventor: **Louis H. Miller**

Inventor's signature *Louis H. Miller*

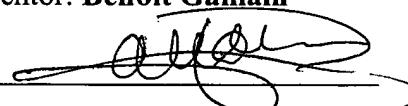
Date *22 May 02*

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Full name of Third inventor: **Benoit Gamain**

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Date 05/22/02

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Full name of Fourth inventor: **Dror I. Baruch**

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Date 5/25/02

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Date 28/05/2002

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Full name of Sixth inventor: **Christine Scheidig**

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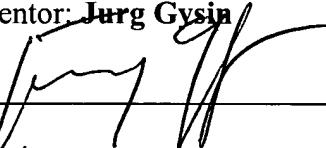
Date 05/27/02

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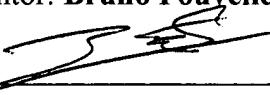
Date 30 / 05 / 02

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Full name of Eight inventor: **Bruno Pouyelle**

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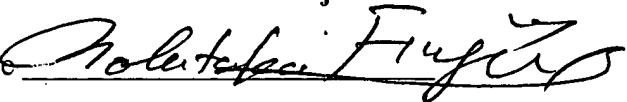
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Full name of Ninth inventor: **Nobutaka Fujii**

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Date June 11, 2002

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Full name of tenth inventor: **Joseph Smith**

Inventor's signature Joseph Smith

Date 05/24/02

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